

Walton County Planning and Development

Building Inspections

303 S Hammond Drive Suite 98
Monroe GA 30655
770-267-1485 Fax: 770-267-1407

Information and Building Permit Application for Residential Construction

Includes:

Guidelines for obtaining a Building Permit

Permit Application

Contractor Affidavits

Inspection Requirements

How to Request an Inspection

Driveway Requirements

Enforced Building Codes

Impact fee for Residential \$1224.01

All Residential Homes and required Garages must comply with the 5:12 Roof Pitch

****All Residential Structures shall have a minimum 6ft by 8ft front and rear porch, patio or deck, unless recessed 5ft covered entrance.****

****Builders are responsible for checking setbacks****

Inspection Request Procedures

For inspections, call 770-267-1485, option 1, option 1 OR email inspections@co.walton.ga.us All inspection requests must be called in by 3:00 p.m. on a work day to be scheduled for an inspection on the next work day.

When calling or emailing in for an inspection you must have your permit number available. Anyone purchasing a permit must be in the office by 4:00 p.m. All contractor affidavits must be submitted at the time of permit purchase.

BUILDING PERMIT FEE: 25 CENTS PER HEATED SQ. FT.

TO OBTAIN A BUILDING PERMIT THE FOLLOWING ITEMS MUST BE COMPLETED AND BROUGHT INTO THE OFFICE:

1. Recorded Warranty deed and recorded plat to property
2. A copy of the Septic tank permit or Final approval from the Health Department (770-267-1430). ***After the septic tank is installed, a copy of the on-site management system inspection report must be submitted to this department (Final Approval). This must be in the file before the final building inspection will be done. ***
3. Energy Code Worksheet* (for any heated space).
***Compliance Certificate: Permanent certificate shall be posted on or in the electrical distribution panel at the Final/CO inspection.**
4. Cemetery sheet.
5. Building Permit Application
6. Electrical, Plumbing and Heat/Air affidavits
Must be submitted at time of permit purchase
***Must be notarized if a homeowner completes. ***
7. If building off a state highway, we must have a copy of the DOT Driveway PERMIT and/or Final approval (if applicable).
8. If using the public water system (Walton County Water Authority), you must provide a receipt from the Walton County Water Authority for the water meter.

Listed below are the State Codes that are applicable:

GA State Minimum International Residential Code	2018Edition*
GA State Minimum International Gas Code	2018 Edition*
GA State Minimum International Plumbing Code	2018 Edition*
GA State Minimum National Electrical Code	2017 Edition*
GA State Minimum International Energy Conservation Code	2015 Edition*

***With Amendments**

Swimming Pools Must Comply with 2018 International Residential Code

Permit Cards must remain posted adjacent to the entrance of the property until Final Inspection approval. All Lost or stolen permit cards must be replaced.

INSPECTION PROCEDURES & REGULATIONS FOR RESIDENTIAL CONSTRUCTION

OFFICE HOURS: 8:00 AM TO 4:00 PM MONDAY THRU FRIDAY.

INSPECTOR'S PHONE NUMBERS: (BUILDING) Brian Adcock (770)267-1374, Kenneth Youngblood (770)267-1373, Austin Knight (770-267-1601), Josh Amabile (770)266-1617 (DEVELOPMENT/ROW) Caleb Wade (770) 266-1620, Brett Wiggins (770)266-1621

TO SCHEDULE INSPECTIONS: CALL 770-267-1485 OPTION # 1 & OPTION #1 AGAIN OR EMAIL INSPECTIONS@CO.WALTON.GA.US ONE (1) DAY IN ADVANCE BY 3:00PM
You **MUST HAVE** your PERMIT NUMBER to schedule an inspection. All trade affidavits and other information mailed, faxed or brought into the office **must** include your PERMIT NUMBER. All documentation **MUST** be submitted at least 24 Hours prior to requesting an inspection.

BEFORE THE FIRST INSPECTION WILL BE DONE:

*****Permit card must be posted at drive, off the right of way.*****

SILT FENCE AND EXIT PAD MUST ALSO BE IN PLACE AS DESCRIBED IN THIS HANDOUT.

A MINIMUM \$25.00 FEE IS CHARGED FOR REINSPECTIONS.

Walton County does allow third party inspections on concrete work for residential permits only. Ask at the counter for a list of approved third party inspectors.

UTILITIES (Power, telephone, gas, water and cable TV) are buried approximately within the first 13 feet behind the curb and within 13 feet of open ditch. ***You may not alter County right of way without written permission from Walton County.***

MAILBOX STRUCTURES: Need to be constructed no closer than 12 inches back of the curb and within 48 inches from the edge of paving in other locations. Brick Mailboxes are not allowed in the county right of way unless located within a platted subdivision.

TEMPORARY ELECTRICAL POLES FOR CONSTRUCTION: No Inspection Required.

PERMANENT ELECTRICAL POLES: Inspection Required.

Pole installation must be suitable for long term use.

EXIT PADS: The exit pad must have 4" of stone and must be an effective length but in no case shall it be no less than a minimum of fifty (50) feet long and fifteen (15) feet wide. #3 or #4 stone accepted-no #57 stone.

EROSION CONTROL: Silt fence-For disturbing ¼ acre or less, Type "A" silt fence per 100' is acceptable. For disturbing ½ acre or more, Type "C" silt fence per 100' is acceptable. To ensure proper erosion control, silt fence must be installed properly.

Building Permit Application

Landowner's name: _____

Current address: _____ Phone# _____

City: _____ State: _____ Zip Code: _____

Construction Address: _____

City: _____ State: _____ Zip Code: _____

Existing Structures on Property: _____

Lot # / Subdivision: _____

General Contractor: _____ Contact Name: _____

Phone number: _____ Cell # _____ Fax# _____

Email address: _____

Point of contact Name and Email for inspection reports: _____

Total heated space: _____ sq.ft.
(Must include FINISHED bonus room)

Bonus Room _____ sq. ft.
CIRCLE ONE (FINISHED OR UNFINISHED)

First Floor _____ sq.ft. / 2nd Floor _____ sq.ft. # Bedrooms _____

Unheated basement: _____ sq.ft. # Bathrooms _____

Heated basement: _____ sq.Ft # Other Rooms _____

Unheated attached garage: _____ sq.ft.

****House and Required Minimum 400 sqft Garage Must Have 5:12 Roof Pitch ****

Spray Foam Insulation: ____ Yes ____ No **IF YES, AN ICC ES REPORT WILL BE REQUIRED**

Sidewalks: Circle Yes or No Curb & Gutter: Circle Yes or No

Flood Plain: Circle Yes or No Acreage: _____

Please circle type of foundation: Slab Crawl Basement

Basement Wall (please write height of wall by appropriate type): Block _____ Poured _____

Please circle type of fireplace:

Masonry Prefab How many _____ Power Company: _____

Please circle type of framing:

Truss Roof Truss Floor Stick Frame Gas Company: _____

_____/_____/_____
Signature of Applicant / Print Name / Date

**APPENDIX RD
MANDATORY COMPLIANCE CERTIFICATE**



2020 Georgia Residential Energy Code Compliance Certificate

This certificate shall be posted on or near the electrical distribution panel or air handler

Permit # _____

House Address or Community/Lot# _____

Building Summary

B-Value, Capacity, Volume	Significance	Compliance Method / Details	Date

Compliance Pathway (check one)	Building Envelope (when multiple values per component, list value covering largest area)	
<input type="checkbox"/> Prescriptive: R401-404	Ceiling/Roof R-value	Above-grade mass wall R-value
<input type="checkbox"/> UA Trade-off: R407-4-5	Sloped/ vaulted ceiling R-value	Cantilevered floor R-value
<input type="checkbox"/> REScheck: Keyed to 2015 IECC	Exterior wall R-value	Window/Glass Door SHGC
<input type="checkbox"/> Simulated Performance: R405	Knee wall (cavity and/or continuous) R-value	Window/Glass Door U-factor
<input type="checkbox"/> Energy Rating Index (ERI): R406	Foundation (cavity and/or continuous) R-value	Skylight SHGC
ERI score	Floors over unconditioned R-value	Skylight U-factor

Mechanical Summary

HVAC System Details	Control Method / Details	Date

Heating System Type	Efficiency (AFUE)	Control Method / Details
<input type="checkbox"/> Gas	<input type="checkbox"/> Air conditioner	<input type="checkbox"/> Gas
<input type="checkbox"/> Heat pump	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Electric
<input type="checkbox"/> Other	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manual J, S, D or equivalent complete?		

Requires Mechanical Ventilation

Type of Exhaust	Design Rate (intermittent)	Design Ventilation Rate (CFM)
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Continuous	
<input type="checkbox"/> Supply	<input type="checkbox"/> Intermittent	
<input type="checkbox"/> Balanced	<input type="checkbox"/> Intermittent, list runtime in min. per hour.	

Duct and Envelope Tightness Testing Summary

Test Method	Control Method / Details	Date

Envelope Tightness Testing (5-AC-50)	Envelope Tightness - Blower Door Test (per 5-AC-50) (thermal envelope volume)	
Blower Door Fan Flow (CFM50)	Thermal Envelope Volume (ft ³)	Envelope tightness (ACH50)
If multifamily unit and conducting sampling, this unit is not required to be tested. Mark N/A.		

Duct Tightness Testing (5-AC-25, 5-AC-26)

Number of Heated and Cooled Systems	Blower Door Leakage (CFM25/100 ft ²)	Date

Blower Door Leakage (CFM25/100 ft ²)	System 1	System 2	System 3
If air handler and ductwork located entirely within an conditioned space:			
Location			
Fan Flow (CFM25)			
Area Served (ft ²)			
Total Duct Leakage (CFM25/100 ft ²)			
Rough-In Total (RIT) or Post-Construction Total (PCT)			

303 S Hammond Drive
Suite 98
Monroe, GA 30655



(770) 267-1485
(770) 267-1407 FAX
(770) 267-1485

Walton County
Planning and Development

Local Government

Chapter 72 Section 36-72-4 Permit required for developing land on which cemetery located.

No known cemetery, burial ground, human remains, or burial object shall be knowingly disturbed by the owner or occupier of the land on which the cemetery or burial ground is located for the purposes of developing or changing the use of any part of such land unless a permit is first obtained from the governing authority of the municipal corporation or county wherein the cemetery or burial ground is located, which shall have authority to permit such activity except as provided in Code Section 36-72-14. (Code 1981, &36-72-4, enacted by Ga. L. 1991, p. 924, & 3.)

(Print name)

(Signature)

Map/Parcel Number: _____

WALTON COUNTY PLANNING AND DEVELOPMENT
FAX (770) 267-1407 INSPECTION REQUESTS 770-267-1485 OPTION # 1

CONTRACTOR AFFIDAVIT

CONTRACTORS MUST BE REGISTERED IN WALTON COUNTY PRIOR TO SUBMITTING AFFIDAVITS

DATE: _____

Permit # _____ Address _____

Permit Name _____

Residential _____ Commercial _____

ELECTRICAL:

Company/Contractor Name _____ Phone _____

Service size or Type of Installation _____

****Any Electric Permit or Addition to any One & Two Family Dwelling will require Smoke Alarms to be installed per IRC Section R 313.1-313.4.1 with Carbon Monoxide Alarms outside of each Sleeping Area. Any Service Change Will Require Intersystem Bonding Termination & Arc Fault Breakers****

Application is hereby made to request the Walton County Inspection Department to inspect the Electrical Service installation at the above stated location for approval of "Temporary Power Connection" to the structure. All service equipment, grounding, bonding, and ground fault circuit interrupter protection for connected circuit(s) shall be installed per the requirements of the Georgia State Electrical Code (NEC).

By signing this application, we understand that the applicants assume all liability and use of electricity on this site. We relieve Walton County from all liability from damage, accident, or injury due to the approval of temporary power connection.

We also understand that **No Occupancy** is allowed until the final inspection has been made and the Certificate of Occupancy/Certificate of Completion issued. Any use or occupancy in violation of the Walton County Construction Code may result in a **"Stop Work Order"** and **Citations**.

Electrical Contractor Signature State License # General Contractor Signature

Print Name Print Name

****If Home Owner--- Signature will need to be Notarized****

_ Walton County Contractor #CC _____

****Electrical Contractor Email address: _____****

WALTON COUNTY PLANNING AND DEVELOPMENT

FAX (770) 267-1407 INSPECTION REQUESTS 770-267-1485 OPTION # 1

CONTRACTOR AFFIDAVIT

CONTRACTORS MUST BE REGISTERED IN WALTON COUNTY PRIOR TO SUBMITTING AFFIDAVITS

Permit # _____ Address _____ DATE: _____

Permit Name _____

Residential _____ Commercial _____

HEATING & AIR: HVAC Contractor Email Address: _____

Company/Contractor Name: _____ Phone _____

Type of System _____ Tonnage _____ # of Systems _____

Signature _____ State License # _____

Please Print name _____

****If Home Owner--- Signature will need to be notarized****

Walton County Contractor #CC _____

GAS: GAS Contractor Email Address: _____

Company/Contractor Name _____ Phone _____

Number of Items using Gas: Furnace _____ Water Heater _____ Stove _____ Dryer _____

Refrigerator _____ Other _____

Signature _____ State License # _____

Please Print Name _____

****If Home Owner--- Signature will need to be notarized****

Walton County Contractor #CC _____

PLUMBING: Plumbing Contractor Email Address: _____

Company/Contractor Name _____ Phone _____

Number of Fixtures:

Water Closets _____ Lavatory _____ Tub _____ Shower _____ Kitchen Sink _____ Dishwasher _____

Washing Machine _____ Water Heater _____ Laundry Sink _____ Floor Drain _____

Drinking Fountain _____ Service Sink _____ Urinal _____ Disposal _____ Sewer/Septic _____

Other _____

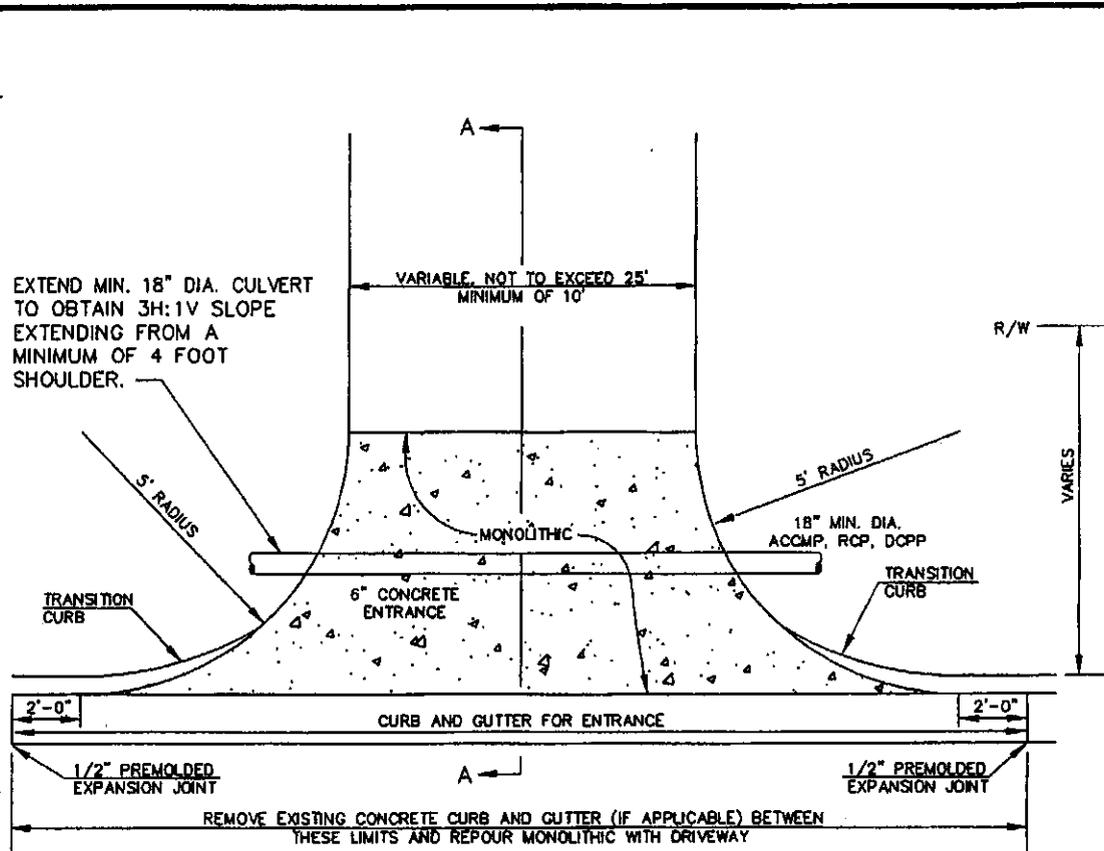
By this signature, I also certify that any sprinkler systems installed for One and Two Family Dwellings are in compliance with the current enforced edition of NFPA 13D

Signature _____ State License # _____

Please Print Name: _____

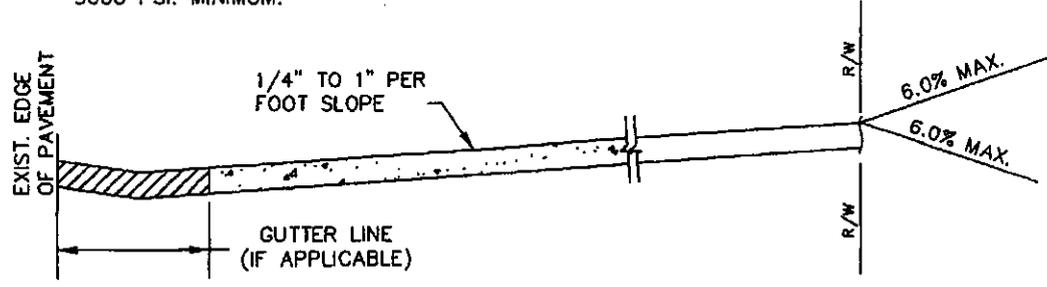
****If Home Owner--- Signature will need to be Notarized****

Walton County Contractor #CC _____



PLAN

NOTE: ALL CONCRETE TO BE 3000 PSI. MINIMUM.



SECTION A-A

NOTE: INSTALL MIN. 18" DIAMETER CULVERT AT LOW POINT OF DRIVEWAY, AS REQUIRED BY WALTON COUNTY.



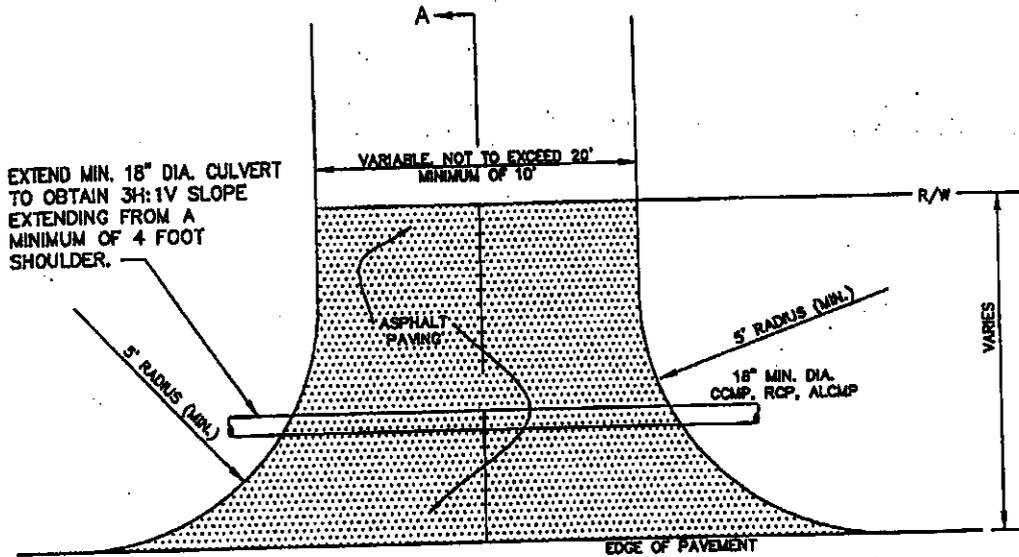
WALTON COUNTY

STANDARD DESIGN AND CONSTRUCTION DETAILS

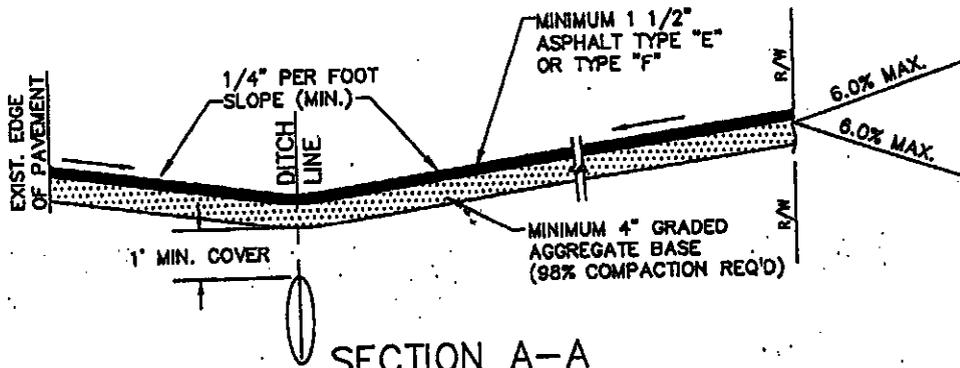
RESIDENTIAL DRIVEWAY
With Curb & Gutter

3.16

10.01.03



PLAN



SECTION A-A

- NOTES: 1. INSTALL MIN. 18" DIAMETER CULVERT AT LOW POINT OF DRIVEWAY, AS REQUIRED BY WALTON COUNTY.
 2. WHERE NO DITCH LINE EXISTS, THE DRIVEWAY GRADE SHALL DROP 1/4" PER FOOT FOR A MINIMUM DISTANCE OF 12 FEET FROM THE EDGE OF PAVEMENT.



WALTON COUNTY

STANDARD DESIGN AND
 CONSTRUCTION DETAILS
 RESIDENTIAL DRIVEWAY -
 RURAL

3.16a

CAD00885



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
 237 Coliseum Drive, Macon, GA 31217
 478-207-2440
www.sos.ga.gov/plb

Authorized Permit Agent Form (ONE FORM PER PERMIT)

This form may be used by a qualifying agent to designate an individual to obtain a permit on his/her behalf for a project for the qualifying company. The contractor should submit an original Authorized Permit Agent Form for each project for which he/she has designated an individual to pull permits. This designated individual shall further be identified as the authorized permit agent. This notarized form with an **ORIGINAL SIGNATURE (no copies or faxes accepted)**, a copy of the contractor's license, a copy of the contractor's company license, and a copy of the driver's license of the authorized permit agent is to be given to the permit office in the city or county in which the project is located. **DO NOT SEND A COPY OF THIS FORM TO THE BOARD OFFICE UNLESS REQUESTED.**

License verification by permitting office should be completed by visiting <http://verify.sos.ga.gov/verification>

Name of Qualifying Agent:	
Contractor License # (Attach a copy of license.)	
Name of Licensed Company:	
Company License # (Attach a copy of license.)	
Name of Authorized Permit Agent: (Attach a copy of driver's license.)	

PROJECT (an original form is required for each project):

Company listed on contract:	
Property Owner's Name:	
Street Address:	
Apartment or Suite #	
City, State, Zip:	

I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) for the project listed above. The undersigned, being licensed as a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

 Original Signature of Qualifying Agent (no copies or faxes accepted)

State of _____ County of _____

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

 NOTARY PUBLIC My Commission Expires: